

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-025238**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

5860

Registrar's No.

38

**FILED JUN 20 1963**

**1. PLACE OF DEATH**

a. COUNTY

**Oregon**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Big Apple**

Length of stay in 1b

**2 years**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **home near Koshkonong**

Inside Limits

Yes ☐ No ☒

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE

**Missouri**

COUNTY **Oregon**

c. CITY

OR

TOWN **Koshkonong**

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)  
**Route**

Reside on Farm

Yes ☒ No ☐

**3. NAME OF DECEASED**  
(Type or print)

First

**Ella**

Middle

**May**

Last

**Gordon**

**4. DATE OF DEATH**

Month

Day

Year

**June 12, 1963**

**5. SEX**

**Female**

**6. COLOR OR RACE**

**White**

**7. Married ☐ Never Married ☐**

Widowed ☒

Divorced ☐

**8. DATE OF BIRTH**

**4/14/1885**

**9. AGE (last birthday)**

**78**

**IF UNDER 1 YEAR**

Months

Days

Hours

Min.

**12. CITIZEN OF WHAT COUNTRY**

**USA**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**Housewife**

**10b. KIND OF BUSINESS OR INDUSTRY**

**Domestic**

**11. BIRTHPLACE (City and state or country)**

**Unknown**

**13a. FATHER'S NAME**

**Bartholemew**

**13b. MOTHER'S MAIDEN NAME**

**Unknown**

**14. NAME OF HUSBAND OR WIFE**

**Claude Gordon**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?**

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

**16. SOCIAL SECURITY NO.**

**17. INFORMANT**

Address

**Mrs. Earnest Billingsley Kosh, Mo.**

**18. CAUSE OF DEATH** (Enter only one cause per line)  
**PART I. DEATH WAS CAUSED BY:**

**IMMEDIATE CAUSE (a)**

**apoplexy - Right Side**

**INTERVAL BETWEEN ONSET AND DEATH**

**3 days**

**DUE TO (b)**

**Hypertension**

**10 yrs**

**DUE TO (c)**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes ☒ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?**  
YES ☐ NO ☒

**20a. ACCIDENT**

**SUICIDE**

**HOMICIDE**

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY**  
Hour  
a.m.  
p.m.

Month, Day, Year

**20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐**

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION**

COUNTY

STATE

**21. I attended the deceased from**

**10/15/60**

**to 6-12-63**

**and last saw her alive on 6-12-63**

**Death occurred at**

**11:00 p.m.**

**on the date stated above, and to the best of my knowledge, from the causes stated.**

**22a. SIGNATURE**

(Degree or title)

**Frank R. Eubank, M.D.**

**22b. ADDRESS**

**Thayer, Mo.**

**22c. DATE SIGNED**

**6-14-63**

**23a. BURIAL, CREMATION, REMOVAL (Specify)**

**Burial**

**23b. DATE**

**6/14/1963**

**23c. NAME OF CEMETERY OR CREMATORY**

**Koshkonong Cemetery**

**23d. LOCATION (City, town, or county)**

**Koshkonong, Missouri**

(State)

**24. FUNERAL DIRECTOR**

ADDRESS

**Carter Funeral Home Thayer, Mo.**

**25. DATE RECD. BY LOCAL REG.**

**6-14-63**

**26. REGISTRAR'S SIGNATURE**

**Ray D. Bladin, M.D.**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

VS 30Q  
Rev. 4/59

10750

20750

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jerry Cravens  
Licensed Embalmer No. 5050  
P. O. Address Shaver, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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Embalment Permit obtained 6-14-53 - Roy A. Stetson - R.H.